



**MARYLAND DEPARTMENT OF AGRICULTURE
OFFICE OF PLANT INDUSTRIES AND PEST MANAGEMENT
PESTICIDE REGULATION SECTION
50 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MARYLAND 21401
TELEPHONE: (410)841-5710
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APPLICATION FOR A PEST CONTROL
CONSULTANT LICENSE UNDER THE
MARYLAND PESTICIDE APPLICATORS LAW.

(PLEASE TYPE or PRINT)

I _____
NAME

hereby apply for a license to operate a pest control consultant business in the state of Maryland in accordance with the provisions of Agriculture Article, Section 5-201 through 5-211 Annotated Code of Maryland.

FOR DEPARTMENTAL USE ONLY

Date Appl. Received	_____
Date Fees Received	_____
Date Appl. Approved	_____
Fee For:	
License	_____ Certificate _____
Check No.	_____
Acct. No.	_____ Ref. No. _____
Lic. No.	_____ Control No. _____
Cert. No.	_____
Categories	_____
Classification	_____
Date Mailed	_____

_____ Check Here If You Are An Existing Business Applying For A New License Due To Change In Ownership Or Name Change. List Current Md. Pesticide Business License No.: _____

1. Business Name and Address (As you wish it to appear on license)

Business Name			
Street		City	
State	Zip Code	County	Telephone No.

2. Physical Address: (If different from address listed above.)

Street		City	
State	Zip Code	County	Telephone No.

2. (a) If a partnership or association, list the name and complete address of partner or association officer:

(b) If a corporation, provide the following information:

(1) Date Incorporated: _____

(2) State Incorporated: _____

(3) Address of Principle Office: _____

3. List the name(s) of all certified consultants:

4. Have you ever had a judgement against you arising out of the application or recommendation of pesticides?

Yes () No () If yes, give particulars on a separate sheet.

5. List the names of all scouts or other personnel involved with consulting that are employed by your company and submit a one inch by one inch photo of each employee. (Attach additional sheet if necessary.)

a.

Name		Date of Birth
Social Security Number	Driver's License Number	Primary Duty

b.

Name		Date of Birth
Social Security Number	Driver's License Number	Primary Duty

c.

Name		Date of Birth
Social Security Number	Driver's License Number	Primary Duty

d.

Name		Date of Birth
Social Security Number	Driver's License Number	Primary Duty

6. If you employ one or more persons you are required by law to carry Workmen's Compensation Insurance. You must file with this Department a certificate of compliance with the State Workmen's Compensation Laws or you may provide your Workmen's Compensation policy number or binder number as evidence of coverage.

Policy Number _____ Binder Number _____

Expiration Date _____

7. If a non-resident of Maryland, appoint a resident of Maryland to be a process agent to accept service of notice or process arising in any court from any action, criminal or civil, resulting from your operations in the state of Maryland. If you do not have an individual that can be appointed to serve as a resident agent, list the Maryland Office of the Attorney General.

I (we) hereby appoint _____

Street City Zip Code Telephone Number

I certify that the above information is true and accurate to the best of my knowledge.

Signature of Applicant Title Date

Public Information Notice

Your application cannot be processed unless all of the information requested has been supplied. The information you supply notifies the Department of your interest in obtaining a license, certificate or permit under the Regulations Pertaining To The Pesticide Applicators Law, §15.05.01 et seq., Annotated Code of Maryland. This information is used by the Department to determine whether you are eligible to obtain a license, certificate or permit. You have a right to inspect, amend, or correct information. Under State Government Article, §10-611 et seq., Annotated Code of Maryland, this information may be available for public inspection. This information is not routinely shared with the general public or state, federal or local government agencies.